

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>PACIFIC INVESTMENT MANAGEMENT CO LLC</u>  (Last) (First) (Middle) 650 NEWPORT CENTER DRIVE  (Street) NEWPORT BEACH CA 92660  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/10/2016	3. Issuer Name and Ticker or Trading Symbol <u>FlexShopper, Inc. [ FPAY ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Series 2 Convertible Preferred Stock	07/26/2016	(2)	Common Stock	24,691,359	0.81	I	Indirect pecuniary interest <sup>(1)</sup>

1. Name and Address of Reporting Person* <u>PACIFIC INVESTMENT MANAGEMENT CO LLC</u>  (Last) (First) (Middle) 650 NEWPORT CENTER DRIVE  (Street) NEWPORT BEACH CA 92660  (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>B2 FIE V LLC</u>  (Last) (First) (Middle) 650 NEWPORT CENTER DRIVE  (Street) NEWPORT BEACH CA 92660  (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>PIMCO BRAVO FUND II, L.P.</u>  (Last) (First) (Middle) C/O PIMCO 650 NEWPORT CENTER DRIVE  (Street)		
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NEWPORT CA 92660  
BEACH

(City) (State) (Zip)

**Explanation of Responses:**

1. B2 FIE V LLC, a Delaware limited liability company ("B2 FIE") was formed solely for the purpose of investing in FlexShopper, Inc (the "Issuer"). B2 FIE purchased the Series 2 Convertible Preferred Stock (the "Preferred Stock") from the Issuer. PIMCO BRAVO Fund II, L.P. ("Bravo II"), a Delaware limited partnership is the sole member of B2 FIE and operates as a pooled investment fund and invests (among other things) in operating companies. PIMCO GP XII, LLC ("PIMCO GP"), a Delaware limited liability company, is the sole general partner of Bravo II. Pacific Investment Management Company LLC ("PIMCO") is the sole managing member of PIMCO GP and has the power to make voting and investment decisions regarding the Preferred Stock held by B2 FIE. Each of Bravo II, PIMCO GP and PIMCO disclaim beneficial ownership of the Preferred Stock except to the extent of its pecuniary interest therein.

2. N/A

**Remarks:**

/s/ Harin de Silva, Executive  
Vice President, Pacific 06/21/2016  
Investment Management  
Company LLC

/s/ Harin de Silva, Authorized 06/21/2016  
Person, B2 FIE V LLC

/s/ Harin de Silva, Authorized  
Person, PIMCO Bravo Fund II, 06/21/2016  
L.P.

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**